

Plan Name:	Date:
Vessel/Facility	Person In Charge:
Mailing Address:	E-Mail:
Phone:	Phone:
Location of Drill:	

Drill Coordinator::	Agency:
Fax:	Phone:
Others Attending:	

Time Scenario Given:	Notification Completed: Pass Fail
Comments:	Comments:

Plan Located:	Emergency numbers posted/ cards
QI representing:	National Response Center:
Time:	Simulated
Name:	
OES Time:	Oil Spill Response Organization :
Name:	Time:
Control #	Name:

Equipment Deployment:

Immediate Booming Equipment—(600 feet):	Pass	Fail
2-3 Hour On Water Recovery (skimming)_____:	Pass	Fail
2-3 Hour Booming _____ feet of boom:	Pass	Fail

Time:

[illegible]